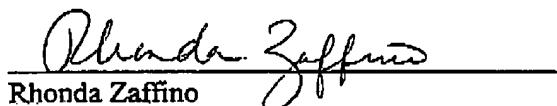


JUL 7 - 2006

**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being transmitted by facsimile to:

ATTN: Mail Stop RCE  
Facsimile number: 571-273-8300  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

on July 7, 2006. Total Pages including this sheet: 13  
Rhonda Zaffino**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****In Re Application of:**

Sato et al.	Confirmation No.: 1170
Serial No.: 09/242,525	Group Art Unit: 1711
Filed: February 17, 1999	Examiner: Sergent, Rabon A.
	Docket No.: 11301-1480

For: **Process for the Preparation of Urethane  
Resins and Methane Resin Compositions**

The following is a list of documents enclosed:

RCE Transmittal  
Amendment Transmittal Letter  
Petition for Two (2) Month Extension of Time  
Credit Card Form PTO-2038 in the amount of \$1240.00  
Response to Advisory Action and Submission Under 37 C.F.R. 1.114(c)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

JUL 7 - 2006

## AMENDMENT TRANSMITTAL LETTER (LARGE)

Docket No.

11301-1480

Applicant(s): Sato et al.

Serial No.  
09/242,525Filing Date  
February 17, 1999Examiner  
Sargent, Rabon A.Confirmation No.  
1170Group Art Unit  
1711

Invention: Process for the Preparation of Urethane Resins and Methane Resin Compositions

Commissioner for Patents  
 Mail Stop RCE  
 P.O. Box 1450  
 Alexandria VA 22313-1450

Transmitted herewith is a Response to Advisory Action and Submission Under 37 CFR 1.114(c) in the above-identified application.

The fee has been calculated and is transmitted as shown below

## CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	45 =	0	X \$50.00	\$0
INDEP. CLAIMS	3 -	20 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>			\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input checked="" type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$450.00
Other Fees: Request for Continued Examination under 37 CFR 1.114(c)					\$790.00
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$1240.00

No additional fee is required.  
 Please charge Deposit Account No. in the amount of . A duplicate copy of this page is enclosed.  
 A check in the amount of to cover the filing fee is enclosed.  
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$1240.00.  
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

*Cynthia J. Lee*

Cynthia J. Lee, Reg. No. 46,033

*07/07/06*

Date